



APPLICATION FOR EXAMINATION TO BE ELIGIBLE FOR LICENSURE AS A HEARING AID SPECIALIST IN THE STATE OF SOUTH CAROLINA
Division of Health Licensing

DATE \_\_\_\_\_

Print clearly or type:

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
First Middle Initial Last

2. Residence Address \_\_\_\_\_
Street City State ZIP

3. Residence Area Code and Telephone Number. \_\_\_\_\_

4. PRIMARY BUSINESS LOCATION:

a. Name of Business \_\_\_\_\_

b. Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

c. Area Code and Telephone Number \_\_\_\_\_

d. \_\_\_\_\_
Mailing Address (if different from above)

5. Do you have a S.C. temporary permit? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, permit no. \_\_\_\_\_

Full name of hearing aid specialist who is your current supervisor:

\_\_\_\_\_
First Middle Initial Last

6. Have you ever been convicted of any criminal offense other than minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach a separate statement providing details to include date of conviction, type of offense and name and location of court.

7. Have you ever had a license to dispense, fit, or sell hearing aids denied, suspended, or revoked in this or any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach a separate statement providing details, dates, and places.

8. Enclose proof of high school graduation or high school equivalency certificate unless previously submitted to the Division of Health Licensing.

9. I do hereby swear or affirm that all statements made and information contained herein are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to an investigation of the aforesaid information for the purpose of verifying my qualifications for a license to fit and sell hearing aids in the State of South Carolina.

\_\_\_\_\_
Signature

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_
(Month) (Year)

\_\_\_\_\_ My Commission Expires \_\_\_\_\_
Notary Public

RETURN APPLICATION TO: SCDHEC, Division of Health Licensing, 2600 Bull Street, Columbia, SC, 29201

**Instructions for Completing DHEC Form 0220**  
**Application For Examination To Be Eligible For Licensure**  
**As A Hearing Aid Specialist In The State Of South Carolina**  
**Division of Health Licensing**

**PURPOSE:** In accordance with the South Carolina Department of Health and Environmental Control Regulation 61-3, The Practice of Selling and Fitting Hearing Aids, Section 202, an application for examination shall be kept on file by the Department.

**INSTRUCTIONS:**

Line 1 - 9            Self-explanatory. Complete as indicated.

**OFFICE MECHANICS AND FILING:** The original shall be placed in the master file of the activity in the Health Licensing Section and maintained there in accordance with the most restrictive retention schedule assigned to this document or other documents contained in the file. The most restrictive retention schedule in the master files is SBH-F&S-17, which requires documents to be kept for six years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than 24 years before destroying.